

Wyoming's EMS
Sustainability Trust Account

Grant Guidance and
Instructions

Revised Feb. 2020

Wyoming Department of Health
Public Health Division
Office of Emergency Medical Services
6101 Yellowstone Rd., Suite 400
Cheyenne, WY 82009
307-777-7955
emsinfo@wyo.gov

EMS Sustainability Trust Account
Grant Guidance

W.S. § 33-36-115

Contents

Why do an assessment?.....	1
Section 1: Purpose	3
Section 2: Overview and History of Funding.....	3
Section 3: Prioritization of Grants.....	3
Section 4: Funding Areas and Eligibility Requirements	3
Section 5: Calendar and Deadlines	4
Section 6: Program Process	4
Section 7: Application Review Process and Scoring.....	6
Section 8: Requirements of Grant Acceptance.....	6
Section 9: Application and Additional Document Instructions.....	6
Section 10: Submission of the Application	7
Section 11: Implementation grants.	8
Website and Forms	9
Appendix A: Guidance Related to RUCA Codes and Service Areas.....	10
Appendix B: W.S. § 33-36-115	21
Appendix C: Rules and Regulations for Wyoming Emergency Medical Services, Chapter 12	24

Why do an assessment?

EMS was never supposed to turn out like it did.

The *EMS Systems Act of 1973* envisioned about 300 to 400 EMS systems across the *entire* nation. In 2019, there are some individual *cities* with 150 to 200 or more separate ambulance services. In Wyoming alone we license 62 ground ambulance services, 23 air ambulance services, and 11 first response/non-transporting agencies.

Historically, what happened in Wyoming (and in the rest of the nation) is that often, communities gave little planning or thought to what an EMS system should look like. Local communities saw a need, and created *something* where previously there had been nothing. To be fair, no one in the nation really knew what EMS systems should look like, and there was very little science surrounding the issue. How many ambulances does a community need? At what level should the EMS operate? Should a community pay for this service and how do we include this new EMS thing in our budget? As EMS evolved over the last 40 – 50 years, we have learned quite a bit, yet many of these same questions remain.

Here is some of what we now know about EMS that we didn't know and didn't anticipate in the 1970s:

- While the original intent for EMS was primarily about moving car accident victims from our streets and highways to our hospital emergency departments, the expectations for EMS have moved well beyond that. The public now expects that EMS be just as capable of treating a stroke or heart patient as a trauma patient. EMS now treats diabetes, poisonings, overdoses, asthma, allergic reactions, drug overdoses, congestive heart failure, and anything else that comes their way. And we haven't even discussed acts of terrorism, public health emergencies, or disasters yet.
- Today's EMS provider is not only answering the 911 call in ground ambulances, they staff helicopters and airplanes, emergency departments, clinics, SWAT teams, fire departments, and a hundred other environments. They move patients from the street to the emergency department, from home to long term care, from long term care to tertiary facilities, from one critical care setting to other critical care settings or specialty hospitals. They provide stand-by support to sporting events, law enforcement activities, and local community events. You will find EMS in our nation's airports, our national parks, and in every state and territory.
- The United States Department of Labor, Bureau of Labor Statistics projected a 15% growth in demand for EMTs and Paramedics between 2016 and 2026. If the last 40 years are any indication, not only will the demand increase, but the expectations for what those EMS providers actually *do* will increase as well. Community paramedicine, critical care transport, specialty team work, and more systematic functions are all becoming the norm rather than the exception.
- Wyoming's EMS work force is headed the wrong way. In 2016, Wyoming licensed around 3,560 EMS personnel across all levels (EMR to Paramedic). A 15% growth in our work force by 2026 means Wyoming needs to add 534 licensees by 2026. As of March, 2019, Wyoming licenses 3,438 personnel...a net loss of 122 in the last three years.
- It is unlikely that a volunteer work force will be able to continue to meet this demand.

Just as in most other rural states whose systems relied heavily on volunteers, Wyoming faces the loss of the largest financial support it had for EMS; that is, the donation of free labor by the volunteer. The significance of the *financial* impact of the loss of this volunteer subsidy cannot be overstated. In any Wyoming community the OEMS calculates the *value of the donated labor* to be approximately \$405,000 *annually for a single ambulance*.

As the Wyoming state system has slowly evolved, different communities have found themselves confronted with the same challenges that EMS in the rest of the nation has faced. In some communities, the issue is the loss of a volunteer workforce. In those communities which have adopted paid or volunteer/paid hybrid models, the challenge is retaining and sustaining employees. Competition from other employers, system of care issues, Medicare and Medicaid reimbursement...these are just a few of the very real factors that a community must consider in EMS system design. That's tough to do, and it is not done overnight.

The Wyoming Legislature created the EMS Sustainability Trust Account to help communities and EMS agencies figure out how to care for Wyomingites and make sure that EMS continues into the future. Someone once said, "Every organization is perfectly designed to get exactly the results that it is getting." That is just as true about EMS as it is about any organization. So the first question any community, any EMS agency, needs to ask is, are we completely happy with the way things are now? If the answer to that question is no, then the only way to change is to do something different. Figuring out what that "something" is where communities begin to scratch their heads. Modern EMS, even in the smallest of rural communities, is too complicated for only one or two people to figure out. It takes the collective effort of multiple people with experience and understanding across a multitude of fields to come together, share collective knowledge, and arrive at a common agreement about how EMS should operate. And, once a community arrives at that common agreement, they need long term, recurring assistance to help build something that works and will endure beyond those who did the planning.

This grant program is here to help you in this process.

I want you to know you are not alone. The Wyoming Office of EMS is here to help you work through this often intimidating and unsettling process. I want communities to have confidence in their EMS systems: that they will receive the emergency care they deserve, that their EMTs and paramedics will be able to continue to live and work in the community, and that the system will continue on far past tomorrow.

I hope you and your community will consider taking advantage of this program. It exists for you.

Please contact me or one of my staff if we can answer any questions regarding this program or any other EMS issue which we can help you resolve.

Andy Gienapp
Andy.gienapp@wyo.gov
307-777-7955

Section 1: Purpose

This document serves to provide information and guidance to applicants for grants from the Emergency Medical Services (EMS) Sustainability Trust Account, and establishes policy for the determination of awards and management of the account. It is intended to be used in conjunction with the *Rules and Regulations for Wyoming Emergency Medical Services*, Wyoming Statute § 33-36-115.

Section 2: Overview and History of Funding

The Wyoming Legislature established the EMS Sustainability Trust Account through Enrolled Act No. 94 of the 2009 General Session. This act created Wyoming Statute § 33-36-115 within the “Wyoming Emergency Medical Services Act of 1977” and provided authority and funding to the Department of Health, Public Health Division, Office of Emergency Medical Services (OEMS) to provide two types of grants:

Grants for needs assessments to determine possible solutions (a master plan) for sustaining emergency medical services (EMS) in a local community or service area;
Grants to assist a community in implementing a master plan after a needs assessment

Section 3: Prioritization of Grants

Since the start of this program in 2015, the OEMS has considered the award of grants to conduct assessments to be a priority over the award of implementation grants. The reasons for this include, but are not limited to, the following:

There are very limited funds available. The costs for these assessments can vary widely up to as much as \$60,000, depending on the number of ambulance services, towns, and other entities included in any single assessment.

Many of the recommendations included in assessments suggest changes that can be made at little or no cost to the system. A completed assessment provides a planning tool that can be incorporated into other strategic plans or utilized in local budget planning. This may enable an area to begin implementing changes without assistance from the trust account, or to seek other grant opportunities.

As this program moves into the fourth year of operation, we are initiating some work related to implementation. Therefore, where the OEMS was previously able to fund all requests for assessments, there is now a greater demand for limited funding. Please be aware that the OEMS may not be able to grant all requests.

Section 4: Funding Areas and Eligibility Requirements

W.S. § 33-36-115(e)(ii)(A) states:

Grant applications may be submitted by persons, entities or groups interested in improving emergency medical services in a proposed service area which shall correspond to a rural urban commuting area as defined by the United States Department of Agriculture (USDA). The grant application shall be signed by authorized representatives of all involved political subdivisions within the proposed service area; [emphasis added]

The U.S. Department of Agriculture establishes a Rural Urban Commuting Area (RUCA) based on the census tracts utilized by the United States Census Bureau. The “codes” assigned to a RUCA further describe the commuting activity of the population within the census tract. Every census tract in Wyoming has a RUCA code; therefore, every area in Wyoming is eligible to apply for a grant through this account. However, the particular codes assigned to that RUCA may be a determining factor in prioritizing which grants are awarded.

Applicants for grants under this program should be aware that RUCAs are not based simply on county boundaries. Every county in Wyoming has at least two RUCAs. This creates multiple potential scenarios for representatives of service areas and the submission of applications. Some examples include:

- Representatives from a county may submit on behalf of *all* RUCAs within the county.
- Representatives from a RUCA may submit on behalf of their particular RUCA.
- Representatives from two or more RUCAs may submit jointly on behalf of their RUCAs.

The essential elements that must be met are:

- The proposed service area to be assessed must correspond with boundaries delineated through the RUCA/census tracts.
- The application must be signed by authorized representatives of *all* political subdivisions *within the RUCA(s)*. (Please see Section 10, 6., “Signatures” for further interpretation of “involved political subdivisions”.)

Appendix A to this document contains a table of the USDA RUCA areas and their codes, along with further guidance on how to find census tract maps from the United States Census Bureau.

In order for a proposed service area to be eligible for this funding, they must:

- Ensure each participating ambulance service is a legal entity.
- Have one legal entity/agency which will act as the primary contact and have the infrastructure to receive and distribute the funds.
- Contribute local match of \$5,000.
- Submit a completed application to the Wyoming Office of EMS postmarked no later than the established deadline.

Section 5: Calendar and Deadlines

Applications may be submitted from **April 1st through June 30th** of each year.

Section 6: Program Process

1. Application period for Needs Assessment Grants opens.
2. Any person, entity or group interested in improving EMS in a proposed service area may submit an application to the OEMS.

3. The application packet must contain:
 - a. A narrative analysis of the current EMS system to include:
 - i. A description of the proposed service area and population served. Proposed service areas must correspond with the United States Department of Agriculture (USDA) Rural Urban Commuting Areas (RUCA). A table listing the RUCA codes for Wyoming with their definitions and further guidance related to service areas is included as Appendix A to this document. The original table is available through the USDA website at: <http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx#.U9fh0vldWKI>. An important topic to describe would include a description of the primary area(s) for response of the agency *irrespective* of existing county or city boundaries. For example, the ambulance may be physically located in one town but provide service to multiple other towns or areas that fall within a different county. Other important discussion points would include the number of incorporated or unincorporated population centers, increases or decreases in population, particular environmental or infrastructure factors that create risk for the population, population demographics, regular surges in population due to workforce changes or community events, etc.
 - b. Factors that influence the perceived need for the assessment. For example, decreases in volunteerism, increased call volume, inability to respond to calls, clinical care, changes in the tax base that have impacted existing funding, etc.
 - c. Current funding sources and billing practices and the sustainability of the current budget. For example, whether the system bills for services provided, rates of collection and write off, subsidies provided by local municipalities, existence of and access to a Healthcare District, payer mix, etc.
 - d. Letters of commitment from all entities involved to implement changes as a result of a Needs Assessment. While W.S. 33-36-115(e)(ii)(A) only requires a grant application to be signed by authorized representatives of all involved political subdivisions within the proposed service area, letters of commitment from other stakeholders within the area such as hospitals, fire suppression, law enforcement, clinics, public health and civic organizations will serve to strengthen the application.
 - e. A signed letter of commitment for \$5,000.00 in local matching funds.
 - f. Signatures of authorized representatives of all involved political subdivisions within the proposed service areas.
4. Applications are reviewed and awardees are determined by the review panel.
5. Upon notice of award, the \$5,000.00 in local matching funds must be remitted to the Wyoming Department of Health.
6. The OEMS notifies the contractor to begin the assessment process for the awarded applications.
7. The contractor provides the completed assessment and master plan to the OEMS and the service area.

The recipients of the assessment are then eligible to apply for financial assistance in implementing the recommendations of the assessment.

Section 7: Application Review Process and Scoring

As warranted by the number of submissions, applications will be reviewed by a panel consisting of:

- The OEMS Manager
- A representative from the Wyoming Department of Health, Public Health Division, Office of Rural Health
- A representative from the Wyoming Hospital Association
- A representative from the Wyoming Advisory Committee on EMS and Trauma

Panel members are expected to recuse themselves from reviewing applications if they have a conflict of interest with an agency or area that could potentially gain from this funding.

This is a competitive process for areas with EMS system needs. Awards are based on a display of financial need, demand for services, and the *level of support* from the community for implementing solutions. It is important the applicant convey to the reviewing panel the need for this assessment, and the willingness to act on the findings of the assessment. A thorough description of the service area should be the focus of the application. Please submit a thorough, clear and concise application.

The panel scores the applications based on the areas below:

- Service area
- Need for the assessment
- Budget sustainability
- Level of commitment from stakeholders

Section 8: Requirements of Grant Acceptance

Grantees are expected to provide maximum access to any records, documentation, or personnel that the contractor may require to complete the assessment. Failure to provide needed access will result in withdrawal of the contractor's services. Local matching funds will not be returned in the event services are withdrawn, but shall be applied to services rendered under the contract.

The OEMS maintains the right to monitor the conduct of assessments and participate in the process.

Section 9: Application and Additional Document Instructions

These instructions are provided to assist in the submission of a fully completed application for your area. Please read all instructions thoroughly before completing the application. The application **MUST BE** fully completed before submitting. Incomplete applications **will not** be considered. The date and signatures of the authorized representatives of all involved political subdivisions in the proposed service area are required in order for this application to be considered complete. **(Please see Section 10, 6., "Signatures" for further interpretation of "involved political subdivisions".)**

Handwritten forms will not be accepted. This form can be filled out on any computer that has a PDF reader program installed. Most PDF reader programs may be downloaded free of charge from the internet. Be sure to have the latest version of the software installed before beginning the application process.

Section 10: Submission of the Application

The following provides guidance related to the individual sections of the application. This guidance does not address every section of the application. Applicants are encouraged to contact the OEMS directly for clarification. Responses to questions will be provided directly to the person making the inquiry and will be consolidated on the OEMS website at:

<http://www.health.wyo.gov/sho/ems/index.html>.

Application Section I: Contact Information

Contact Information: Please list the person that will be the primary point of contact regarding the application and the assessment if the grant is awarded.

RUCA Information: Space is provided for listing up to three RUCAs. If the application is being submitted for more than three RUCAs, please list the additional RUCAs and their political subdivisions in a separate document.

Application Section II: EMS Agency/Agencies

Typically, geographical areas of Wyoming are served by a single EMS agency. If the application pertains to more than one EMS agency, the “Addendum: Needs Assessment Application Additional Agency” form will need to be completed for each EMS agency within the RUCA(s).

Application Section III: Budget Information

This Section is intended to capture simple budgetary information in order to determine the financial need of the EMS agency. You are welcome to expand on this section with the submission of supplementary documents if needed.

Application Section IV: Needs Assessment

In the space provided for “current effectiveness” please describe the successes the EMS agency has achieved in delivering services as well as the challenges that are currently being experienced. For example:

- Has the EMS agency changed its delivery model recently to accommodate other (volunteer) work schedules?
- Has the EMS agency conducted a client satisfaction survey and what were the results?
- Has the area seen population growth, commitment from community members, or requests for special services?
- With regard to “maintaining staff or volunteer levels,” please describe:
 - Any local efforts related to recruitment and retention.
 - Any exit interviews conducted with former employees or volunteers.
 - The successes or challenges of any initiatives related to recruiting and retention.

In the space provided for “gaps in providing emergency medical services delivery within the service area,” applicants should discuss any particular areas or communities that are believed to be underserved or difficult to reach, or any particular services (such as inter-facility transfers) that are difficult to provide.

Application Section V: Required Documentation

The documents listed in this section must be submitted with the application.

Applicants may submit as many letters of support as they wish; however, there are key stakeholders within each community that should be involved in this process. Some examples include:

- Hospitals and clinics
- Healthcare District representatives
- First Response agencies
- Fire Departments and Law Enforcement
- Community and civic groups
- Local and state elected officials

Application Section VI: Signatures

Each political subdivision occurring within the RUCA(s) must have a corresponding signature of an authorized representative. W.S. § 16-4-201(a)(iv) provides: *"Political subdivision" means every county, city and county, city, incorporated and unincorporated town, school district and special district within the state.*

The number and types of political subdivisions in Wyoming can vary widely and represent a broad range of public services, from water districts to sanitation. The OEMS acknowledges that not all of these political subdivisions are "involved" in the planning for emergency medical services. Applicants will need to determine the relevant, involved political subdivisions in the area for which they are applying. At a minimum, for the purposes of this grant, the OEMS considers "involved" political subdivisions to be:

- A hospital district or Special District for Healthcare
- Fire protection districts
- Counties
- Cities
- Incorporated and unincorporated towns

Please make sure that all areas of the application are complete and all necessary attachments accompany the application. For calendar year 2015 and subsequent years, applications must be postmarked or delivered no later than 5 p.m. on June 30th. No applications will be accepted after the deadline under any circumstances. Applications may be emailed, mailed or hand delivered to our office at the address listed below. A confirmation e-mail will be sent to the contact person once the application has been received.

Wyoming Office of EMS
6101 Yellowstone Rd., Suite 400
Cheyenne, WY 82009

For questions regarding this guidance or the application, please contact Andy Gienapp, OEMS Manager, at andy.gienapp@wyo.gov or (307) 777-7955.

Section 11: Implementation grants.

On May 1, 2018, notification the OEMS sent notification out to all agencies that funding assistance through the EMS Sustainability Trust Account for the implementation of recommendations developed through an assessment.

Any agency or entity which received an assessment prior to the release of this guidance is eligible to apply for and receive assistance with implementation, as are any agencies receiving assessments in the future. Unlike the Needs Assessment, there are no matching funds required.

The specific assistance which is available includes:

1. Facilitation of stakeholder meetings to develop a work plan;
2. Technical assistance through conference calls, webinars, email, and other means;
3. Technical assistance on-site in Wyoming; and
4. Continued stakeholder workshops and implementation efforts in your area to help inform, and educate your community as you implement changes.

Assistance with other recommendations may be available, but is dependent on the specifics of the request. The OEMS maintains the discretion to deny, fully fund, or partially fund any request for assistance.

The OEMS accepts applications for implementation assistance on a continual basis. There are no deadlines for submission. Limited funds are available, and prioritization is based on demonstrable need at the discretion of the OEMS.

Website and Forms

You can find all information and forms for both the Needs Assessment and Implementation grants on the Wyoming Office of EMS website at: <https://health.wyo.gov/publichealth/ems/needsassessment/>

Please contact the Office of EMS at 307-777-7955 if you need assistance.

Appendix A: Guidance Related to RUCA Codes and Service Areas

Tables 1 and 2 below are provided for reference.

There are two types of RUCA codes provided by the USDA:

Primary Codes – The primary codes refer to the “primary” or largest commuting share. For example, Laramie County is coded at “1” demonstrating that the largest majority of the population lives in or is commuting to an urbanized area. Conversely, Big Horn County is coded as a “10” demonstrating that the majority of the population is local or commutes to another rural census tract.

1	Metropolitan area core: primary flow within an urbanized area (UA)
2	Metropolitan area high commuting: primary flow 30% or more to a UA
3	Metropolitan area low commuting: primary flow 10% to 30% to a UA
4	Micropolitan area core: primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)
5	Micropolitan high commuting: primary flow 30% or more to a large UC
6	Micropolitan low commuting: primary flow 10% to 30% to a large UC
7	Small town core: primary flow within an Urban Cluster of 2,500 to 9,999 (small UC)
8	Small town high commuting: primary flow 30% or more to a small UC
9	Small town low commuting: primary flow 10% to 30% to a small UC
10	Rural areas: primary flow to a tract outside a UA or UC
99	Not coded: Census tract has zero population and no rural-urban identifier information

Secondary Codes – The secondary code helps to clarify the relationship between one area and another. Again, note that Laramie County has a secondary code of “1.0” indicating that most of the population remains in Laramie County, while Big Horn County is coded with both a “10.0” and a “10.3” indicating that in the area designated as “10.3” 30-50% of the population is commuting to and from a small, urban cluster (UC).

1 Metropolitan area core: primary flow within an urbanized area (UA)	
1.0	No additional code
1.1	Secondary flow 30% to 50% to a larger UA
2 Metropolitan area high commuting: primary flow 30% or more to a UA	
2.0	No additional code
2.1	Secondary flow 30% to 50% to a larger UA

3 Metropolitan area low commuting: primary flow 10% to 30% to a UA	
3.0	No additional code
4 Micropolitan area core: primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)	
4.0	No additional code
4.1	Secondary flow 30% to 50% to a UA
5 Micropolitan high commuting: primary flow 30% or more to a large UC	
5.0	No additional code
5.1	Secondary flow 30% to 50% to a UA
6 Micropolitan low commuting: primary flow 10% to 30% to a large UC	
6.0	No additional code
7 Small town core: primary flow within an Urban Cluster of 2,500 to 9,999 (small UC)	
7.0	No additional code
7.1	Secondary flow 30% to 50% to a UA
7.2	Secondary flow 30% to 50% to a large UC
8 Small town high commuting: primary flow 30% or more to a small UC	
8.0	No additional code
8.1	Secondary flow 30% to 50% to a UA
8.2	Secondary flow 30% to 50% to a large UC
9 Small town low commuting: primary flow 10% to 30% to a small UC	
9.0	No additional code
10 Rural areas: primary flow to a tract outside a UA or UC	
10.0	No additional code
10.1	Secondary flow 30% to 50% to a UA
10.2	Secondary flow 30% to 50% to a large UC
10.3	Secondary flow 30% to 50% to a small UC
99 Not coded: Census tract has zero population and no rural-urban identifier information	

Use of Table 3.

Table 3 is provided to assist applicants in determining which census tract and RUCA they are representing. The Federal Information Processing Standard (FIPS) Code in “Column A” is included for reference. The most relevant column for completion of the application is “Column C.” Applicants should utilize the United States Census Bureau’s Census Tract Reference Map website at: <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx> to determine the boundaries of a specific RUCA. This can be a somewhat difficult task. Please feel free to contact the OEMS for assistance as you complete your application.

Table 3. Wyoming RUCA Areas and Codes.							
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population 2010	Sq. Miles 2010	Population Density 2010
56001	Albany County	56001962700	4	4.0	3,368	245.4	13.7
56001	Albany County	56001962800	4	4.0	3,285	2.7	1,202.1
56001	Albany County	56001962900	4	4.0	1,809	2.7	658.4
56001	Albany County	56001963000	4	4.0	2,509	1.4	1,803.6
56001	Albany County	56001963100	4	4.0	7,020	2.7	2,614.3
56001	Albany County	56001963400	4	4.0	3,498	0.5	6,822.9
56001	Albany County	56001963500	4	4.0	2,826	0.9	3,289.7
56001	Albany County	56001963600	4	4.0	4,617	0.8	5,916.9
56001	Albany County	56001963700	4	4.0	5,226	12.5	416.5
56001	Albany County	56001963900	5	5.0	2,141	4,004.2	0.5
56003	Big Horn County	56003962600	10	10.0	2,542	1,521.4	1.7
56003	Big Horn County	56003962700	10	10.0	3,555	894.1	4.0
56003	Big Horn County	56003962800	10	10.3	5,571	721.6	7.7
56005	Campbell County	56005000100	5	5.0	8,924	2,485.7	3.6

56005	Campbell County	56005000200	4	4.0	6,441	34.1	189.0
56005	Campbell County	56005000300	4	4.0	5,487	9.8	562.7
56005	Campbell County	56005000400	4	4.0	4,394	1.4	3,048.2
56005	Campbell County	56005000500	4	4.0	6,365	13.6	467.3
56005	Campbell County	56005000600	4	4.0	5,694	7.9	717.1
56005	Campbell County	56005000700	4	4.0	8,828	2,250.2	3.9
56007	Carbon County	56007967600	10	10.3	2,326	3,336.9	0.7
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population 2010	Sq. Miles 2010	Population Density 2010
56007	Carbon County	56007967700	7	7.0	4,413	9.9	446.5
56007	Carbon County	56007967800	7	7.0	4,326	10.8	401.0
56007	Carbon County	56007968000	10	10.3	3,181	1,873.2	1.7
56007	Carbon County	56007968100	8	8.0	1,639	2,666.8	0.6
56009	Converse County	56009956400	7	7.0	4,979	46.7	106.5
56009	Converse County	56009956500	7	7.0	2,807	14.3	196.7
56009	Converse County	56009956600	10	10.3	3,194	4,183.8	0.8
56009	Converse County	56009956700	2	2.0	2,853	10.1	283.1
56011	Crook County	56011950200	10	10.2	4,481	2,008.9	2.2
56011	Crook County	56011950300	10	10.0	2,602	845.5	3.1
56013	Fremont County	56013000100	7	7.0	3,973	13.2	301.8
56013	Fremont County	56013000200	7	7.0	3,595	7.2	501.4

56013	Fremont County	56013000300	10	10.3	4,422	4,752.6	0.9
56013	Fremont County	56013000400	10	10.0	1,803	1,358.0	1.3
56013	Fremont County	56013940100	10	10.0	3,951	1,890.5	2.1
56013	Fremont County	56013940201	5	5.0	3,892	673.0	5.8
56013	Fremont County	56013940202	5	5.0	4,832	460.1	10.5
56013	Fremont County	56013940300	4	4.0	5,515	15.4	357.2
56013	Fremont County	56013940400	4	4.0	5,565	13.0	428.0
56013	Fremont County	56013940500	4	4.0	2,575	0.9	2,943.9
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code (lookup by address at http://www.ffie.c.gov/Geocode/)	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population, 2010	Land Area (square miles), 2010	Population Density (per square mile), 2010
56015	Goshen County	56015957700	10	10.3	1,796	1,014.5	1.8
56015	Goshen County	56015957800	7	7.0	3,577	15.4	232.1
56015	Goshen County	56015957900	7	7.0	4,861	34.0	143.1
56015	Goshen County	56015958000	10	10.3	3,015	1,161.5	2.6
56017	Hot Springs County	56017967800	7	7.0	2,956	2.0	1,445.2
56017	Hot Springs County	56017967900	8	8.0	1,856	2,002.0	0.9
56019	Johnson County	56019955100	10	10.3	2,475	4,128.9	0.6
56019	Johnson County	56019955200	7	7.0	6,094	25.3	241.1
56021	Laramie County	56021000200	1	1.0	4,588	2.9	1,569.7

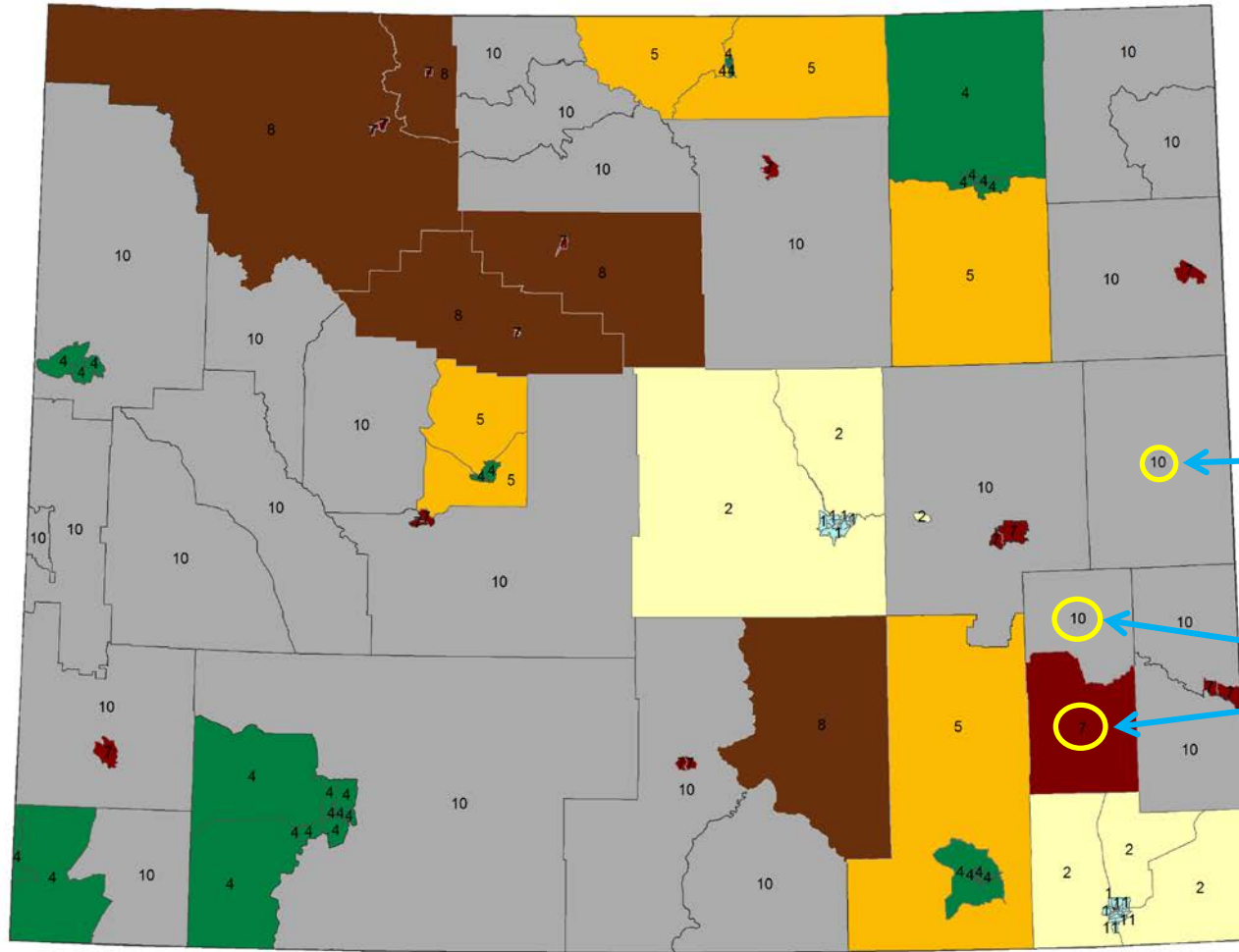
56021	Laramie County	56021000300	1	1.0	3,769	2.3	1,635.9
56021	Laramie County	56021000401	1	1.0	4,626	6.0	771.6
56021	Laramie County	56021000402	1	1.0	5,108	4.4	1,157.8
56021	Laramie County	56021000501	1	1.0	8,164	2.4	3,462.2
56021	Laramie County	56021000600	1	1.0	5,968	1.2	4,889.9
56021	Laramie County	56021000700	1	1.0	4,338	2.2	2,017.1
56021	Laramie County	56021000800	1	1.0	1,835	0.5	3,639.9
56021	Laramie County	56021000900	1	1.0	2,768	1.4	1,996.2
56021	Laramie County	56021001000	1	1.0	3,026	0.8	3,859.1
56021	Laramie County	56021001100	1	1.0	3,072	5.0	616.0
56021	Laramie County	56021001200	1	1.0	5,030	2.4	2,065.3
56021	Laramie County	56021001300	1	1.0	7,079	3.8	1,871.6
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code (lookup by address at http://www.fdic.gov/Geocode/)	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population, 2010	Land Area (square miles), 2010	Population Density (per square mile), 2010
56021	Laramie County	56021001401	1	1.0	3,984	1.5	2,583.9
56021	Laramie County	56021001402	1	1.0	2,516	4.9	514.6
56021	Laramie County	56021001501	1	1.0	4,765	6.5	737.4
56021	Laramie County	56021001502	1	1.0	4,899	1.8	2,670.3
56021	Laramie County	56021001901	2	2.0	4,891	585.4	8.4
56021	Laramie County	56021001902	2	2.0	4,182	995.4	4.2
56021	Laramie County	56021002000	2	2.0	7,130	1,053.8	6.8
56021	Laramie County	56021980801	99	99.0	0	1.4	0.0

56023	Lincoln County	56023978000	10	10.2	6,801	1,509.7	4.5
56023	Lincoln County	56023978100	10	10.0	5,777	112.5	51.4
56023	Lincoln County	56023978200	10	10.0	1,994	2,407.6	0.8
56023	Lincoln County	56023978400	7	7.0	3,534	46.4	76.2
56025	Natrona County	56025000200	1	1.0	4,385	1.9	2,309.4
56025	Natrona County	56025000300	1	1.0	3,946	1.1	3,604.2
56025	Natrona County	56025000400	1	1.0	4,185	1.1	3,955.3
56025	Natrona County	56025000501	1	1.0	5,180	1.3	4,066.8
56025	Natrona County	56025000502	1	1.0	2,776	0.8	3,686.2
56025	Natrona County	56025000600	1	1.0	7,335	4.0	1,833.8
56025	Natrona County	56025000700	1	1.0	2,773	0.6	4,344.7
56025	Natrona County	56025000800	1	1.0	3,771	1.5	2,576.1
56025	Natrona County	56025000901	1	1.0	4,708	2.2	2,189.0
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code (lookup by address at http://www.fdic.gov/Geocode/)	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population, 2010	Land Area (square miles), 2010	Population Density (per square mile), 2010
56025	Natrona County	56025000902	1	1.0	3,933	1.5	2,671.2
56025	Natrona County	56025001000	1	1.0	4,786	2.0	2,444.6
56025	Natrona County	56025001100	1	1.0	2,425	3.1	770.6
56025	Natrona County	56025001200	1	1.0	2,196	5.0	438.1
56025	Natrona County	56025001401	2	2.0	5,620	1,116.5	5.0
56025	Natrona County	56025001602	1	1.0	5,596	5.3	1,059.2
56025	Natrona County	56025001603	1	1.0	3,217	18.8	171.0

56025	Natrona County	56025001700	1	1.0	4,482	10.6	424.4
56025	Natrona County	56025001800	2	2.0	4,136	4,163.2	1.0
56027	Niobrara County	56027957200	10	10.0	2,484	2,626.0	0.9
56029	Park County	56029965100	8	8.0	4,999	667.7	7.5
56029	Park County	56029965200	7	7.0	6,258	4.0	1,572.9
56029	Park County	56029965300	8	8.0	7,155	6,258.4	1.1
56029	Park County	56029965400	7	7.0	5,769	6.6	874.8
56029	Park County	56029965500	7	7.0	4,024	5.4	738.5
56031	Platte County	56031959100	10	10.3	2,092	884.0	2.4
56031	Platte County	56031959400	7	7.0	6,575	1,200.2	5.5
56033	Sheridan County	56033000100	4	4.0	5,411	5.0	1,081.0
56033	Sheridan County	56033000200	4	4.0	3,206	1.4	2,363.8
56033	Sheridan County	56033000300	4	4.0	3,586	1.7	2,101.8
56033	Sheridan County	56033000400	4	4.0	5,675	2.4	2,373.3
A	B	C	D	E	F	G	H
State - County FIPS Code	County	State-County-Tract FIPS Code (lookup by address at http://www.ffiec.gov/Geocode/)	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population, 2010	Land Area (square miles), 2010	Population Density (per square mile), 2010
56033	Sheridan County	56033000500	5	5.0	6,541	1,561.8	4.2
56033	Sheridan County	56033000600	5	5.0	4,697	951.7	4.9
56035	Sublette County	56035000101	10	10.0	4,321	2,500.9	1.7
56035	Sublette County	56035000102	10	10.2	5,926	2,385.7	2.5
56037	Sweetwater County	56037970500	4	4.0	2,720	1,021.2	2.7

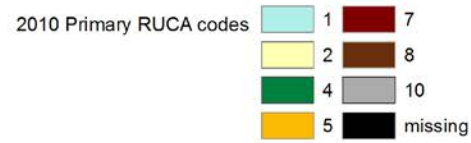
56037	Sweetwater County	56037970601	4	4.0	4,675	34.3	136.2
56037	Sweetwater County	56037970602	4	4.0	3,471	0.6	5,991.9
56037	Sweetwater County	56037970700	4	4.0	3,709	1,023.0	3.6
56037	Sweetwater County	56037970800	4	4.0	5,879	53.1	110.7
56037	Sweetwater County	56037970901	4	4.0	6,305	43.1	146.4
56037	Sweetwater County	56037970902	4	4.0	4,105	2.8	1,461.7
56037	Sweetwater County	56037970903	4	4.0	2,841	4.7	598.6
56037	Sweetwater County	56037971000	4	4.0	2,164	48.7	44.5
56037	Sweetwater County	56037971100	4	4.0	3,321	4.6	717.8
56037	Sweetwater County	56037971200	4	4.0	2,524	13.5	187.2
56037	Sweetwater County	56037971600	10	10.2	2,092	8,177.1	0.3
56039	Teton County	56039967600	10	10.2	4,600	3,857.3	1.2
56039	Teton County	56039967701	4	4.0	2,271	23.6	96.4
56039	Teton County	56039967702	4	4.0	6,411	84.5	75.9
56039	Teton County	56039967800	4	4.0	8,012	30.0	266.6
56041	Uinta County	56041975200	10	10.2	6,505	1,140.1	5.7
A	B	C	D	E	F	G	H
State - County	County	State-County-Tract FIPS Code (lookup by address at	Primary RUCA Code 2010	Secondary RUCA Code, 2010	Tract Population, 2010	Land Area (square miles),	Population Density (per

FIPS Code		http://www.fie.c.gov/Geocode/				2010	square mile), 2010
56041	Uinta County	56041975300	4	4.0	7,761	890.1	8.7
56041	Uinta County	56041975400	4	4.0	6,852	51.1	134.1
56043	Washake County	56043000200	8	8.0	3,326	2,231.9	1.5
56043	Washake County	56043000301	7	7.0	2,665	0.8	3,462.9
56043	Washake County	56043000302	7	7.0	2,542	5.9	431.3
56045	Weston County	56045951100	10	10.3	3,314	2,355.3	1.4
56045	Weston County	56045951300	7	7.0	3,894	42.8	91.0



Example: Indicates one RUCA in Niobrara County

Example: Indicates two RUCAs in Platte County



This map shows the individual census tracts and the subsequent RUCAs that exist within each county. It is provided for use by applicants in determining which RUCAs should be accounted for in submitting an application. **Each instance in which any of the digits 1-10 appears indicates a separate RUCA.** Each of these RUCAs is eligible to apply for grants under this program. RUCAs may apply as an individual area or in conjunction with an adjoining RUCA without regard for county borders.

Appendix B: W.S. § 33-36-115

Emergency medical services sustainability trust account; account established; planning grants; implementation grants.

(a) A trust account is created to be known as the emergency medical services sustainability trust account. The trust account shall consist of those funds designated to the account by law and all monies received from federal grants and other contributions, grants, gifts, transfers, bequests and donations to the trust account. The trust account is specifically empowered to accept grants, gifts, transfers, bequests and donations including those which are limited in their purposes by the grantor. Funds deposited within the trust account are intended to be inviolate and constitute a perpetual trust account which shall be invested by the state treasurer as authorized under W.S. 9-4-715(a), (d) and (e) and in a manner to obtain the highest return possible consistent with preservation of the account corpus.

(b) The state treasurer shall credit annually to an emergency medical services sustainability trust income account earnings from investment of the trust account corpus. The legislature may, from time to time, appropriate funds directly to the income account for distribution in accordance with the terms of this section. Such specially appropriated funds shall be credited directly by the state treasurer to the income account and are available to the division for award of grants as otherwise permitted by this section.

(c) Individuals and other entities may also grant, give, transfer, bequeath or donate funds to the trust account or the income account. These funds shall be credited by the state treasurer to either the trust account or the income account, as appropriate, in a manner consistent with the conditions attached to their receipt.

(d) Funds in the trust income account are continuously appropriated to the department for purposes of providing grants to improve the delivery and quality of emergency medical services as provided in this section.

(e) The department shall establish by rule and regulation a grant application calendar and procedure for needs assessment grants, which shall include the following provisions:

(i) An assessment of emergency medical services in a service area and an analysis of the current emergency medical services system including:

- (A) The level of volunteerism;
- (B) The level and period of certification;
- (C) Response times;
- (D) Billing practices;
- (E) Funding sources and budget sustainability; and
- (F) Call volume.

(ii) Needs assessment grants shall be for the purpose of assessing the provision of emergency medical services in a service area and preparing a master plan for an efficient, coordinated system of emergency medical service delivery, subject to the following:

(A) Grant applications may be submitted by persons, entities or groups interested in improving emergency medical services in a proposed service area which shall correspond to a rural urban commuting area as defined by the United States department of agriculture. The grant application shall be signed by authorized representatives of all involved political subdivisions within the proposed service area;

(B) The department shall review applications and, if it determines that further detailed assessment of emergency medical services in the proposed service area is appropriate and following consultation with the affected entities described in subparagraph (A) of this paragraph, shall contract for an assessment in the service area of emergency medical services strengths, weaknesses and coverage gaps. The contractor conducting the assessment shall prepare a written report that shall include a master plan for a coordinated, efficient emergency medical service delivery system within the service area. The master plan shall identify the governmental or private entity that will oversee and coordinate implementation of the plan, the areas and entities included in the plan, an estimate of funds available to implement the plan and continuing revenue sources, the approximate number of volunteer and paid emergency medical technicians available to provide services in the area and include provision, if necessary, for transition from an all volunteer service model to one combining volunteer and paid technicians. The master plan shall identify major problems and opportunities concerning emergency medical services, and provide for a desired sequence of events for implementation of the plan;

(C) Any needs assessment shall include consultation with the affected entities described in subparagraph (A) of this paragraph, representatives of public, private and volunteer ambulance services in the proposed service area, county and local government organizations, hospitals furnishing emergency medical services and other appropriate stakeholders;

(D) Any needs assessment shall provide for the collection of data by service area using a common benchmark, indicator and scoring format on emergency medical service workforce shortfalls, strengths and weaknesses of current service delivery models. The needs assessment shall build upon but avoid duplication of the study completed by the rural policy research institute for the Wyoming health care commission in June, 2007;

(E) Grant applications shall include a commitment of local matching funds of at least five thousand dollars (\$5,000.00).

(iii) Following completion of a needs assessment as provided in paragraph (ii) of this subsection, a county, joint powers board or emergency medical services special district may apply for a grant to assist in the development and implementation of a master plan, subject to the following:

(A) Grants shall be documented in writing signed by the department and an authorized representative of the grantee. The document shall specify the intended use of the funds to improve emergency medical service delivery by assisting with the cost of implementing the master plan;

(B) Award of grants shall be based on demonstrable need. Those service areas demonstrating the greatest need, at the discretion of the department, shall be given the highest priority in receiving

grants pursuant to this section;

(C) Implementation grant applications shall include a working budget to demonstrate how the grant will be used to address revenue gaps on a temporary basis while transitioning to a defined time when revenue is expected to be sufficient to sustain services in the master plan service area not to exceed two (2) years.

(f) The department is authorized to enter into contracts it deems appropriate to conduct and coordinate needs analyses and implementation grants authorized by this section, including contracts with local providers or other stakeholders to report on service needs in the respective service areas.

(g) The department shall provide a report by November 1 of each year on the emergency medical services trust account to the joint labor, health and social services interim committee. The reports shall include the status of the account, a description of all grants from the income account and any recommendations for providing more cost effective and accessible delivery of emergency medical services, including recommendations regarding regional approaches to providing those services, and any recommended statutory or rule changes.

Appendix C: Rules and Regulations for Wyoming Emergency Medical Services, Chapter 12

Note: This chapter of the Rules and Regulations is included as an appendix for the convenience of applicants. Official copies of current rules may be obtained from the Wyoming Secretary of State's Website at: <http://soswy.state.wy.us/Rules/default.aspx>

RULES AND REGULATIONS FOR EMERGENCY MEDICAL SERVICES

CHAPTER 12

EMERGENCY MEDICAL SERVICES NEEDS ASSESSMENT AND MASTER PLAN IMPLEMENTATION GRANTS

Section 1. Authority.

These rules are promulgated by the Department of Health, Office of Emergency Medical Services pursuant to W.S. § 33-36-115, and the Wyoming Administrative Procedures Act at W.S. § 16-3-1101, *et. seq.*

Section 2. Purpose and Applicability.

These rules establish eligibility, implement an application procedure, and create a process for facilitating the award of grant funds from the Emergency Medical Services Sustainability Trust Income Account for Emergency Medical Services Needs Assessment and Master Plan Implementation Grants.

Section 3. Severability.

If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

Section 4. Definitions.

The following definitions shall apply in the interpretation and enforcement of this chapter only. All other terms apply as defined in Chapter 1 of these rules.

“Authorized Representatives” means those individuals designated by appointment or election to act on behalf of an applicant, grantee, and/or a political subdivision within a proposed service area including, but not limited to, a county, joint powers board, or emergency medical services special district.

“Department” means the Wyoming Department of Health.

“Division” means the Office of Emergency Medical Services (OEMS).

“Political Subdivision” means any area defined or recognized as a political subdivision

under state law.

“Service Area” means any area typically and reasonably served by an emergency medical service regardless of existing geopolitical boundaries and which corresponds to a rural urban commuting area as defined by the U.S. Department of Agriculture (USDA).

Section 5. Needs Assessment Grant Application Requirements.

Any person, entity, or group that is interested in improving emergency medical services in a proposed service area may submit an application to the Division for an Emergency Medical Services Needs Assessment Grant.

Needs assessment Grant applications must include:

A narrative request for an assessment of emergency medical services in the proposed service area and an analysis of the current emergency medical services system. The narrative must include information on the following:

The proposed service area and population served within the proposed service area;

The need for the assessment including any concerns with the current level of volunteerism and certification, call volume, and response times, and any additional concerns that form the basis for the request;

Current budget sustainability including each applicant’s funding sources and billing practices; and

The level of commitment of all entities involved to implement changes proposed as a result of an Emergency Medical Services Needs Assessment.

A signed letter of commitment for local matching funds in an amount not less than Five Thousand Dollars (\$5,000.00).

Signatures of authorized representatives of all involved political subdivisions within the proposed service area.

Section 6. Needs Assessment Grant Application Calendar and Award Procedure.

Applications for Emergency Medical Services Needs Assessment Grants may be submitted to the Division from April 1st through June 30th of each year.

The Division may consult with applicants during the review process to determine whether a further detailed assessment of emergency medical services in the proposed service area is appropriate.

No later than sixty (60) days after the close of the application period, the Division shall make a final determination to either:

Award an Emergency Medical Services Needs Assessment Grant to the applicant(s); and

Engage a contractor to further assess the current capabilities, strengths, weaknesses, coverage gaps, and workforce shortfalls of the entire emergency medical services system within the proposed service area; or

Deny the request for an Emergency Medical Services Needs Assessment Grant.

Within sixty (60) days of notification of award, grantee must submit local matching funds to the Division in an amount not less than Five Thousand Dollars (\$5,000.00).

The Division shall apply all matching funds to the Emergency Medical Services Needs Assessment contract.

The Emergency Medical Services Needs Assessment shall not commence until matching funds are received from the grantee.

Failure to submit local matching funds to the Division within sixty (60) days shall void the Emergency Medical Services Needs Assessment Grant Award.

Section 7. Emergency Medical Services Needs Assessment.

The Department shall contract with a third-party to conduct the Emergency Medical Services Needs Assessment for awarded applicants. The contractor shall be chosen through the Request for Proposal (RFP) process.

Contractor shall consult with the grantee and affected entities within the proposed service area including representatives of public, private, and volunteer ambulance services, county and local government agencies, hospitals providing emergency medical services, and other appropriate stakeholders.

Contractor shall assess the current capabilities, strengths, weaknesses, coverage gaps, and workforce shortfalls of the entire emergency medical services system within the proposed service area.

The assessment shall include the collection of data using common quality and performance improvement benchmarks, indicators, and scoring formats.

Benchmarks, indicators, and scoring formats to be utilized by the contractor for the needs assessment shall be determined by the Division prior to engaging the contractor to conduct the assessment.

The assessment may build upon but not duplicate the findings in the Rural Policy Research Institute's "Status and Future of Health Care Delivery in Rural Wyoming, June 2007" report to the Wyoming Healthcare Commission.

The assessment shall address the following components and relevant sub-components within the current emergency medical services delivery system:

System design and delivery model to include:
Local authority structure, ordinances and integration with and support from other local healthcare and emergency response entities;
Human resources including EMS leadership and administration and management practices;
The level of volunteerism and the potential for sustainment;
Response time reliability to include:
The total demand for service upon the system by type, including historical demand and projected trends;
A fractile measurement of the system's response times;
The system's ability or inability to respond to every request for service and the causative factors;
Fiscal structure and stability in accordance with standard business practice benchmarks to include:
Current system finances;
Billing practices;
Funding sources within the service area, including the third-party payor mix within the service area and the relative need for subsidy;
The delivery and quality of clinical care and the use of quality improvement processes to include:
The current level of care authorized and provided based on the scopes of practice established within the Wyoming EMS system;
Medical direction including the level of involvement and expertise of the local Medical Director;
Education and training status;
Public education and outreach efforts to include the support and perception of the local community.
Public access to the emergency response system.
Communication systems to include the EMS agency's ability to communicate with hospitals, local and state emergency management, air medical ambulances, emergency response agencies and the support and involvement of the local dispatch entity or public safety answering point (PSAP).
Integration and involvement with other components and activities of the comprehensive, statewide, emergency medical system, such as the trauma plan and program, or the cardiac or stroke patient programs.
The level of emergency preparedness of the system and its ability to respond to a disaster or public health emergency.
The Division, at its discretion, may choose alternate components to be addressed in the assessment on a case-by-case basis.
Contractor shall prepare a written report of the findings and recommendations of the Emergency Medical Needs Assessment, including a master plan for a coordinated, efficient emergency medical service delivery system within the service area.

Section 8. Master Plan Implementation Grant Applications and Awards.

Subsequent to the completion of an Emergency Medical Services Needs Assessment under Section 7 of this Chapter, service areas may apply for funding to assist in the implementation of the master plan developed as a result of the needs assessment, subject to the following:

Applications for a Master Plan Implementation Grant may be submitted by a county, joint powers board, or an emergency medical services special district.

Applications must be submitted to the Division no later than ninety (90) days after the completion of the Emergency Medical Services Needs Assessment.

Applications for a Master Plan Implementation Grant must include the following:

A narrative specifying how Master Plan Implementation Grant funds will be used to address findings and recommendations identified in the Emergency Medical Services Needs Assessment, including, but not limited to:

the intended use of the funds; and

how those funds will allow the applicant to improve emergency medical service delivery for the service area; and

A working budget which demonstrates how the grant will be used to address revenue gaps on a temporary basis, not to exceed two (2) years, while transitioning to a defined time when revenue is expected to be sufficient to sustain services in the master plan service area.

Award of Master Plan Implementation Grants shall be based upon demonstrable need. Those service areas demonstrating the greatest need for assistance, at the discretion of the Division, shall be given the highest priority in receiving Master Plan Implementation Grants.

Grants shall be documented in writing through an executed grant award agreement, signed by the Department and an authorized representative of the grantee, and shall specify the terms and conditions of the award, payments terms, and grantee deliverables.